

00862.022015



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: T. Lamb
Takashi KAWANA)
: Group Art Unit: 2622
Application No.: 09/675,141)
: Filed: September 29, 2000)
: For: IMAGE FORMING APPARATUS) July 8, 2004
AND IMAGE FORMING METHOD :

RECEIVED

JUL 14 2004

Technology Center 2600

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 8, 2004, please amend the
application as indicated below.



In re Application of:

Takashi KAWANA

Application No.: 09/675,141

Filed: September 29, 2000

For: IMAGE FORMING APPARATUS
AND IMAGE FORMING METHOD

Docket No.: 00862.022015

Examiner: T. Lamb

Group Art Unit: 2622

Date: July 8, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	42	MINUS	48	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	6	MINUS	6	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$135°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Brian L. Klock

Registration No. 36,570

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